

SERFF Tracking Number:	CRUM-125797778	State:	Arkansas
First Filing Company:	Crum & Forster Indemnity Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	TRANSPORTATION		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Transportation		
Project Name/Number:	TRANS08/08TRANS		

Filing at a Glance

Companies: Crum & Forster Indemnity Company, The North River Insurance Company, United States Fire Insurance Company

Product Name: Transportation	SERFF Tr Num: CRUM-125797778	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: TRANSPORTATION	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Roger Bennett, Debbie Deluccia, Howard DeBare, George French	Disposition Date: 09/03/2008
	Date Submitted: 08/29/2008	Disposition Status: Approved
Effective Date Requested (New): 10/01/2008		Effective Date (New): 10/01/2008
Effective Date Requested (Renewal): 10/01/2008		Effective Date (Renewal): 10/01/2008

State Filing Description:

General Information

Project Name: TRANS08	Status of Filing in Domicile: Pending
Project Number: 08TRANS	Domicile Status Comments: This new country wide filing is pending with the domicile states of NJ and DE.
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 09/03/2008	
State Status Changed: 09/02/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	
This is the initial form filing for our new program the Transportation Motor Carrier Non-Passenger Commercial Auto Program. This is for commercial Auto and CMP.	

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Company and Contact

Filing Contact Information

Roger W. Bennett, Regulatory Compliance Specialist	roger_bennett@cfins.com
305 MADISON AVENUE	(973) 490-6809 [Phone]
MORRISTOWN, NJ 07962	(973) 490-6062[FAX]

Filing Company Information

Crum & Forster Indemnity Company	CoCode: 31348	State of Domicile: Delaware
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-2868548	

The North River Insurance Company	CoCode: 21105	State of Domicile: New Jersey
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-1964135	

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 13-5459190	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Set Fee for forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Crum & Forster Indemnity Company	\$0.00	08/29/2008	
The North River Insurance Company	\$0.00	08/29/2008	

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United States Fire Insurance Company	\$50.00	08/29/2008	22219020

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/03/2008	09/03/2008

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Disposition

Disposition Date: 09/03/2008
Effective Date (New): 10/01/2008
Effective Date (Renewal): 10/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Physical Damage Coverage - Extension of Coverage	Approved	Yes
Form	Physical Damage Coverage - Downtime	Approved	Yes
Form	Truckers Insurance for Non-Trucking Use - Unladen Liability	Approved	Yes
Form	Single Deductible	Approved	Yes
Form	Transportation Broker of Freight Forwarder Operations Limited Liability	Approved	Yes
Rate	Transportation Program - Auto	Accepted for Informational Purposes	Yes
Rate	Transportation Program - CMP	Accepted for Informational Purposes	Yes

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Product Name: Transportation

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Physical Damage Coverage - Extension of Coverage	FS 114.0.133 3	07 08	Endorsement/Amendment/Conditions	New	0.00	FS 114.0.1333 07 08.pdf
Approved	Physical Damage Coverage - Downtime	FS 114.0.133 4	07 08	Endorsement/Amendment/Conditions	New	0.00	FS 114.0.1334 0708.pdf
Approved	Truckers Insurance for Non-Trucking Use - Unladen Liability	FS 114.0.133 5	07 08	Endorsement/Amendment/Conditions	New	0.00	FS 114.0.1335 07 08.pdf
Approved	Single Deductible	FM 114.0.133 6	07 08	Endorsement/Amendment/Conditions	New	0.00	FM 114.0.1336 07 08.pdf
Approved	Transportation Broker of Freight Forwarder Operations Limited Liability	FM 114.0.133 7	07 08	Endorsement/Amendment/Conditions	New	0.00	FM 114.0.1337 07 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE COVERAGE – EXTENSION OF COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

Paragraph A. **Coverage** of the **PHYSICAL DAMAGE COVERAGE** Section is amended by adding the coverage extensions described below:

If this policy provides Physical Damage Coverage for a covered "auto", and a covered "loss" occurs to the covered "auto", the coverage extensions described in paragraphs 1. through 6. below apply:

1. Miscellaneous Equipment

Subject to Paragraph C. **Limit of Insurance**, we will pay up to \$2,500 any one occurrence for "loss" to hand trucks, dollies, pallets, pads, covers, tarpaulins, chains, binders or any similar equipment used on or with the covered "auto" in the shipping or handling of property being transported.

If the equipment is being used on a "trailer" at the time of "loss", the truck or truck tractor operating with the "trailer" must have physical damage coverage in order for this coverage to apply.

In the event of other insurance with us for the same coverage, this policy will be primary and the other policy will be excess.

2. Electronic Equipment

Subject to Paragraph C. **Limit of Insurance**, we will pay up to \$5,000 any one occurrence for "loss" to electronic equipment including satellite communication equipment, antennas, tapes, records, discs or other similar devices used with the electronic equipment and other accessories used for audio, visual or data purposes. At the time of "loss", the equipment must be in or on the covered "auto".

We will not pay for the following: equipment used to operate the covered "auto"; radar detection devices; actual data, facts, concepts or instructions converted to a form for use with the electronic equipment nor the cost to reproduce the information.

This insurance will not apply to theft coverage if, at the time of "loss", the covered "auto" is unattended, unless the "loss" is the result of forced entry into the covered "auto" while all doors, windows or other openings are closed and locked and there is evidence of forced entry.

In the event of other insurance with us for the same coverage, this policy will be excess over any other collectable insurance.

3. Personal Property/Effects

Subject to Paragraph C. **Limit of Insurance**, we will pay up to \$5,000 any one occurrence for "loss" to personal property or effects of the "insured". At the time of "loss", the property must be in or on the covered "auto".

This insurance will not apply to theft coverage if, at the time of "loss", the covered "auto" is unattended, unless the "loss" is the result of forced entry into the covered "auto" while all doors, windows or other openings are closed and locked and there is evidence of forced entry.

Under this extension, we will not pay for "loss" to the following: accounts, bills, currency, deeds, evidences of debt, money, notes or securities; electronic equipment or tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment; jewelry, watches, necklaces, bracelets, gems, gold, platinum, silver, furs; animals, birds, or fish or any motorized vehicle.

In the event of other insurance for the same coverage, this policy coverage will be excess over any other collectable insurance.

4. Rental Reimbursement

We will pay for rental reimbursement expenses for a truck or truck tractor of up to \$150 each day or \$750 each week subject to a maximum of \$5,000 any one occurrence, which are incurred by you for the rental of a replacement "auto". Coverage will begin on the seventh day after the "loss" has been reported to us and will terminate, regardless of the expiration date of the policy, when the first of the following occurs:

- a. The covered "auto" has been replaced;
- b. The covered "auto" has been repaired;
- c. The need for the replacement "auto" no longer exists; or
- d. If the covered "auto" is a total loss, the claim has been settled and payment has been issued by us.

5. Towing Coverage

If "loss" to a covered "auto" from a covered cause of "loss" occurs and the "loss" requires the covered "auto" be towed or hauled from the site of the "loss" to a repair or salvage facility, we will also pay the actual cost to tow or haul the covered "auto" to a repair or salvage facility agreed upon by you and us.

1. Pet Coverage

If "your pet" sustains injury or death as a result of a collision involving a covered "auto", we will pay up to \$500 for:

- a. reasonable and customary costs incurred by you for veterinary fees arising from such collision, or
- b. "your pet's" replacement cost, if "your pet" dies in the accident

Pet injury Coverage applies only if "your pet" is inside the covered "auto" at the time of the collision.

The most we will pay for all damages under Pet Coverage with respect to one accident is a total of \$500 regardless of the number of dogs or cats that are injured or die in that accident. The following provisions apply:

- a. If "your pet" is injured as a result of a covered accident, we will pay for all necessary medications and procedures prescribed by "your pet's" veterinarian for treatment of such covered injury.
- b. If "your pet" dies in a covered accident, we will pay "your pet's replacement cost" whether "your pet" is actually replaced or not.

The following Coverage Extension also applies to Paragraph A. **Coverage of the PHYSICAL DAMAGE COVERAGE** Section:

7. Physical Damage For Temporary Substitute Autos

If this policy provides Physical Damage Coverage on an owned truck or truck tractor and that truck or truck tractor is out of service because of its:

- a. Breakdown;
- b. Repair;
- c. Servicing;
- d. Loss; or
- e. Destruction.

A covered "auto" for that Physical Damage Coverage shall include a truck or truck tractor you do not own while used with the permission of its owner as a temporary substitute for that covered truck or truck tractor.

A covered "loss" to a temporary substitute truck or truck tractor will be adjusted in accordance with the provisions of Paragraph C. **Limit of Insurance**.

This coverage extension will end when the first of the following occurs:

- (1) When the owned covered "auto" has either been repaired or replaced;
- (2) If the covered "auto" you own is a total "loss", when the claim has been settled and payment has been made by us;
- (3) 30 days from the date you take possession of the temporary substitute "auto"; or
- (4) The date the policy is cancelled or expires.

Endorsement Exclusions

1. We will not pay for "loss" under any of these coverage extensions arising out of any dishonest or illegal act, alone or in collusion with others by you, others in your employ or service or any person or persons to whom the property may be entrusted.
2. Extension 6. Pet Coverage will not apply if loss to the vehicle carrying "your pet" is excluded under your policy.

Endorsement Deductible Provisions

Coverage Extensions 1., 2., and 3. provided by this endorsement are subject to an aggregate deductible amount of \$250 any one occurrence, after all other adjustments, including application of the limits, have been made. This deductible shall apply separately from any other physical damage deductible and is not reduced or waived by the application of any Combined Deductible or Single Deductible or any other deductible provision.

Coverage Extensions 4. and 5. provided by this endorsement are not subject to a separate deductible.

Coverage Extension 6. Pet Coverage is not subject to a deductible.

A temporary substitute "auto" under Coverage Extension 7. of this endorsement is subject to the same physical damage deductible that applies to the covered owned "auto" that is temporarily out of service.

Endorsement Definitions

The following definitions apply to Extension 6. Pet Coverage:

1. "Your pet" means any dog or cat owned by you.
2. "Your pet's replacement cost" means the cost to replace the deceased dog or cat with one of like kind and quality. It does not include any amounts for veterinary bills, training, or any other amounts other than the cost to replace the pet itself.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE COVERAGE – DOWNTIME

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

Paragraph A. **Coverage** of the **PHYSICAL DAMAGE COVERAGE** Section is amended by adding the following:

If this policy provides Physical Damage Coverage on a truck or truck tractor, and a covered “loss” occurs to that “auto”, the coverage extension described in paragraph 1 below applies:

Downtime

Subject to Paragraph C. **Limit of Insurance**, we will pay for “downtime” of the covered “auto” in an amount up to a maximum of \$150 each day and a maximum of \$5,000 for each “loss” subject to the following:

“Downtime” coverage does not begin until at least six (6) days after the “loss” occurs.

“Downtime” coverage begins when:

1. The “auto” is placed in a repair facility to make needed repairs for the “loss”; or
2. We have declared the “auto” to be a total loss,

whichever occurs first, and at least (six) 6 days have elapsed since the date the “loss” occurred.

“Downtime” coverage will cease:

1. When the covered repairs are completed by the repair facility and they determine that the vehicle is roadworthy; or
2. If the “auto” is a total “loss”, the claim for physical damage coverage has been settled and payment has been issued by us.

If repairs have been completed and you dispute the quality of work done by the facility, then “downtime” coverage will resume immediately after we agree to pay for certain additional repairs by the repair facility.

Loss Determination: Your “Downtime” payment is an amount that will compensate you for your anticipated net loss of income arising out of your loss of use of the covered “auto” during the covered period of “downtime”. It includes continuing normal operating expenses you incur. Any net income you earn from the use of a temporary replacement for the covered “auto” will be deducted from your “downtime” payment.

Endorsement Exclusion

We will not pay for a "Downtime" "loss" arising out of any dishonest or illegal act, alone or in collusion with another by you, others in your employ or service or any person or persons to whom the property may be entrusted.

Endorsement Definition

"Downtime" means the time period a covered "auto" is out of service for repairs and in a repair facility, or the time period after the "auto" has been declared by us to be a total "loss" and before we have settled and paid for the "loss".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRUCKERS INSURANCE FOR NON-TRUCKING USE - UNLADEN LIABILITY

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Description of covered "auto":

As shown in the Declarations or Vehicle Schedule

Schedule of Additional Insureds:

Liability Coverage, Uninsured Motorist Coverage, Underinsured Motorist Coverage, Personal Injury Protection Coverage Property Protection Insurance Coverage or any other Liability Coverage provided by this policy, for a covered "auto" described in this policy, is changed as follows:

1. The following exclusion is added:

This insurance coverage does not apply to a covered "auto" used in the business of anyone to whom the auto is rented, leased or loaned. This exclusion does not apply to a covered "auto" that:

- a. Does not contain or is not carrying property of others; or
- b. Is attached to a "trailer" that does not contain or is not carrying property of others.

2. **WHO IS AN INSURED** does not include anyone engaged in the business of transporting property by "auto" for hire who is liable for your conduct. For Liability Coverage provided under Section II of the Business Auto Coverage Form, this does not apply to the person or organization listed in the Schedule of Additional Insureds included in this endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SINGLE DEDUCTIBLE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
MOTOR TRUCK CARGO COVERAGE FORM

The applicable Physical Damage Coverage, Trailer Interchange Coverage or Motor Truck Cargo Coverage Limits of Insurance and Deductible and/or Deductible provisions are qualified as follows:

In any one accident, where more than one deductible is applicable, the amount we pay for covered "loss" will be reduced by the application of only one deductible. To determine the amount of this deductible for "loss", one of the following circumstances must apply:

1. If one or more covered "auto's" are involved in the accident and "loss" results to any or all vehicles but no "loss" to the cargo carried, the highest deductible of the damaged vehicles will apply to the entire "loss"; or
2. If one or more covered "auto's" are involved in the accident and "loss" results to any or all vehicles and to the cargo carried, the higher of the following will apply to the entire loss:
 - a. the highest deductible of the damaged vehicles; or
 - b. the applicable cargo deductible

CONDITIONS

1. The deductibles to be considered are those found in the applicable Coverage Form or on the Declarations or Vehicles Schedule.
2. Deductibles not eligible for single deductible consideration are those in which the Coverage Form or a policy endorsement specifically excludes them from consideration.
3. In determining the highest deductible, the only deductibles to be considered for the "loss" are those set forth in coverage forms written by "us".

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TRANSPORTATION BROKER OR FREIGHT FORWARDER OPERATIONS LIABILITY EXCLUSION

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

Description of covered "auto":

As shown in the Declarations or Vehicle Schedule

Liability Coverage provided by this policy, for a covered "auto" described in this policy, is changed as follows:

The following exclusions are added:

This insurance coverage does not apply to:

1. A covered "auto" whose use or operation has been arranged or procured by or through any of your "transportation broker" or "freight forwarder" operations; or
2. Any liability arising out of your "transportation broker" or "freight forwarder" operations.

The following definitions apply:

"Transportation broker" means a "broker" as defined in 49 U.S.C.A. 13012 (2) except the language "other than a motor carrier or an employee or agent of a motor carrier" is excluded from the definition.

"Freight forwarder" means a "freight forwarder" as defined in 49 U.S.C.A. 13012 (8).

Signature

Date

Your signature is required if this endorsement is added after the initial issuance of the policy and indicates you acknowledge and accept the provisions of this endorsement.

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Transportation Program - Auto	Additional Rule #72	New	Transportation Division Auto Rules.pdf
Accepted for Informational Purposes	Transportation Program - CMP	Additional Rule #100	New	Transportation Division Rule Pages CMP.pdf

**COMMERCIAL LINES MANUAL
DIVISION ONE
COMMERCIAL AUTOMOBILE
EXCEPTION PAGES**

EXCEPTIONS TO DIVISION 1 GENERAL RULES**12. FORMS PORTFOLIO REFERENCE**

The following are added to the current exception to **Rule 12 D**. The following forms are also available:

FS 114.0.1333	07 08	Physical Damage Coverage – Extension of Coverage
FS 114.0.1334	07 08	Physical Damage Coverage – Downtime
FS 114.0.1335	07 08	Truckers Insurance for Non-Trucking Use – Unladen Liability
FM 114.0.1336	07 08	Single Deductible
FM 114.0.1337	07 08	Transportation Broker of Freight Forwarder Operations Limited Liability

ADDITIONS TO DIVISION 1 GENERAL RULES**72. TRANSPORTATION PROGRAM**

A. Eligibility: This program is for smaller Motor Carriers with no passengers. It will initially concentrate on truckers with less than 10 power units and will focus on retail, independent agency producers who specialize in writing truck business.

B. Forms:

1. Mandatory

a. FS 114.0.1333 -- Physical Damage Coverage – Extension of Coverage

- (1) Eligibility.** This endorsement is provided to all Transportation motor carrier non-passenger program insureds that purchase Physical Damage Coverage.
- (2) Description.** This endorsement provides additional miscellaneous coverage extensions.
- (3) Rating.** There is no premium charge associated with this endorsement.

b. FM 114.0.1336 -- Single Deductible

- (1) Eligibility.** This endorsement is provided to all Transportation motor carrier non-passenger program insureds who purchase Physical Damage and/or cargo coverage.
- (2) Description.** In the event of loss or damage to multiple covered autos and/or cargo or trailers, we will only apply one deductible to the loss. The applied deductible will be the largest deductible that would otherwise apply.
- (3) Rating.** There is no premium charge associated with this endorsement.

2. Optional

a. FS 114.0.1334 -- Physical Damage Coverage – Downtime

- (1) Eligibility.** This is an optional coverage endorsement available to any Transportation Program insured.
- (2) Description.** This endorsement provides coverage for the loss of net income while a covered auto is out of service for repairs.

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EXCEPTION PAGES**

- (3) Rating. There is a flat \$150 premium charge. This charge is not subject to modification under any rating plan.

b. FS 114.0.1335 – Truckers Insurance for Non-Trucking Use – Unladen Liability

- (1) Eligibility. This is an optional coverage endorsement available to any Transportation Program insured.
- (2) Description. This endorsement expands the ISO's bobtail – non trucking coverage to include coverage while the insured is pulling an empty trailer and not under dispatch.
- (3) Rating. Premium for liability coverage when using this endorsement is based on the bobtail/non-trucking use rate multiplied by a factor of 1.75 to reflect the additional exposure not contemplated using the bobtail endorsement.

The provisions of the endorsement do not impact Physical Damage, Medical Payments, No Fault or Uninsured/Underinsured Motorist coverage. Because of this, standard rating, based on classification, will apply to these coverages.

c. FM 114.0.1337 – Transportation Broker of Freight Forwarder Operations Limited Liability

- (1) Eligibility. This is an optional coverage endorsement available to any Transportation Program insured.
- (2) Description. This endorsement provides notice to the insured that the premium charged does not include exposure to the described operations.
- (3) Rating. There is no premium charge associated with this endorsement.

3. Additional Forms

- a.** Forms filed by the Company and approved for the Automobile Line of business (including Business Auto, Truckers, Motor Carrier and Garage), may be included on any Transportation Program policy, unless specifically excepted.

C. Additional Rules

- 1.** Rules filed by the Company and approved for the Automobile Line of business (including Business Auto, Truckers, Motor Carrier and Garage), may be applied to any Transportation Program policy, unless specifically excepted.

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DIVISION ONE
COMMERCIAL AUTOMOBILE
EXCEPTION PAGES**

RATING PLANS**1. EXPERIENCE AND SCHEDULE RATING PLAN**

Replace ISO Rule 8 of the Auto Physical Damage and Auto Liability Schedule Rating Plans with the following for Transportation Program Insureds with 1 to 9 Power Units:

Schedule Rating Plan—Transportation Program Insureds with 1 to 9 Power Units

1. Eligibility. This plan may be applied to Motor Carrier policies covering 1 to 9 power units which develop an annual premium of \$500 or more before application of the Plan.
2. Rating Procedure. The following modification shall be applied to recognize such special characteristics of the risk as are not already fully reflected in the manual rates. These modifications contemplate the standard allowance for expenses. If the expenses are less than standard, such modification, if a credit, shall be increased, or if a debit shall be decreased, by the amount of reduction in expenses. The total credits or debits under the following table may not exceed 25%.

<u>TRANSPORTATION PROGRAM INSUREDS WITH 1 TO 9 POWER UNITS</u>		
Risk Characteristics	Range of Modifications	
	Liability and Physical Damage Credits	Debits
1. Drivers/Service Personnel Selection, training, supervision, age, experience, basis of remuneration, turnover, driving record.	25%	25%
2. Management Cooperation with Insurance company, financial position, experience of management level personnel.	10%	10%
3. Equipment Type, condition, servicing, age, repair facilities, safety equipment.	5%	5%
4. Safety Program Meetings, safety literature, award and penalty system, review of accidents with drivers, safety director.	10%	10%

**COMMERCIAL LINES MANUAL
DIVISION NINE - MULTIPLE LINE
COMMERCIAL PACKAGE POLICY
EXCEPTION PAGES**

ADDITIONS TO DIVISION 9 GENERAL RULES

100.TRANSPORTATION PROGRAM

The Transportation Program Package Policy follows the Commercial Package Policy rules in Division Nine-Multiple Line, Commercial Package Policy Subdivision of the Commercial Lines Manual filed by Insurance Services Offices, Inc. except as contained herein.

- A. Eligibility.** This program is for smaller Motor Carriers with no passengers. It will initially concentrate on truckers with less than 10 power units and will focus on retail, independent agency producers who specialize in writing truck business.
- B. Forms.** Forms filed by the Company and approved for any monoline coverage may be included on any Transportation Program package policy, unless specifically excepted.
- C. Rules** Rules filed by the Company and approved for any monoline coverage may be applied to any Transportation Program package policy, unless specifically excepted.

<i>SERFF Tracking Number:</i>	<i>CRUM-125797778</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Crum & Forster Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>TRANSPORTATION</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Transportation</i>		
<i>Project Name/Number:</i>	<i>TRANS08/08TRANS</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	09/03/2008
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Comments:

Attached

Attachment:

AR Trans - Trans 08 2.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

Name	Fairfax Financial	Group NAIC # 0158
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4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	United States Fire Insurance Co.	DE	21113		
	The North River Insurance Co.	NJ	21105		
	Crum & Forster Indemnity Co	DE	31348		

5.	Company Tracking Number	TRANSPORTATION
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Roger W. Bennett Crum & Forster Insurance	Reg. Compliance	973-490-6809	973-490-6062	Roger-bennett@cfins.com
	305 Madison Ave. Morristown, NJ 07962				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Roger W. Bennett		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Commercial Property & Casualty			
10.	Sub-Type of Insurance (Sub-TOI)	Interline for Commercial AUTO AND CMP			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A			
12.	Company Program Title (Marketing title)	Commercial AUTO AND CMP			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:	10/01//08	Renewal:	10/01/08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing	08/29/08			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This Filing Transmittal is part of Company Tracking#	TRANSPORTATION
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

These are new forms for our new program for CMP and commercial Auto.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A Amount: \$ 50. for ETF</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	TRANSPORTATION			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	TRANSPORTATION			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	P.D. Coverage Extension of Coverage	FS 114.0.1333 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Single Deductible	FM 114.0.1336 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Transportation Broker or Freight Forwarder	FM 114.0.1337 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	P.D. Coverage Downtown	FS 114.01334 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Truckers Insurance for Non-Trucking Use	FS 114.0.1335 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	N/A
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase

Rate Decrease

X

Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A	
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	